



YOUTH WORK EXPERIENCE INCENTIVE PROGRAM MEDICAL CLEARANCE FORM

☐ BCCY☐ JCY☐ SCY

Youth Name: _____

Client ID#: _____

This youth is under consideration to participate in an ☐ on-campus / ☐ off-campus work assignment and may be under the supervision of ☐ on-campus supervisor_____ / ☐ employed at _____.

It is necessary to establish that those participating in the **Youth Work Experience Incentive Program** do not have any physical or mental health conditions that may be adverse to self or others in the work environment. To assist us in this determination, you are being asked to answer the following:

Has this youth been tested for Tuberculosis?	Date Tested	Test Type	Results
____ Yes ____ No	_____	____Skin Test ____X-Ray ____Sputum Culture	____Negative ____Positive (explain in comments)

How would you describe the patient's general physical/mental condition and health from the statements below? (Use Comments section for explanations)

___ No physical/mental condition or health problem exists that would limit the youth's ability to work with or around others.

___ Physical/mental condition or health problem exists which would affect the youth's ability to work with or around others, with or without reasonable accommodation.

___ No medication regime exists which would hinder the youth's ability to work off-campus for a minimum of 6 hours to 8 hours per day.

Comments (Please use back of this form if additional space is needed)

Facility Medical Provider's Signature	Date	Examination Date
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March 2010